

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	IMPROVED SAFETY BUTTERFLY NEEDLE
Attorney Docket Number::	2504-1156
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: 1-0 SERGIO
Middle Name::
Family Name:: RESTELLI
Name Suffix::
City of Residence:: ROMA *ItX*
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA QUARTO PEPERINO
Address:: 333 B
City of Mailing Address:: ROMA
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-00100

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: 2-0 NARDINO
Middle Name::
Family Name:: RIGHI
Name Suffix::
City of Residence:: BRUGHERIO (MILANO) *ItX*
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing Address:: VIA CAVOUR, 7
Address::
City of Mailing Address:: BRUGHERIO (MILANO)

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20047

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: 30 ROBERTO

Middle Name::

Family Name:: ROSSI

Name Suffix::

City of Residence:: MILANO It

State or Province of
Residence::

Country of Residence:: ITALY

Street of Mailing Address:: VIA DELLE ANDE, 10

Address::

City of Mailing Address:: MILANO

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-20151

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

Representative Customer Number:: 00466

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/EP2003/005845	6/4/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	02425422.9	6/25/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::